Endocrinology guidelines for diagnosing insulin resistance syndrome. **METHODS:** A confirmatory factor analysis was performed using EQS Multivariate Software Version 5.7b with maximum likelihood estimation. Hypertension, obesity, insulin resistance, cholesterol, and hyperlipidemia were the latent factors studied. **RESULTS:** Cholesterol was not significantly associated ($p < 0.05$) with either obesity ($r = 0.015$) or insulin resistance ($r = -0.042$), giving further support to the possibility of multiple risk factors for predicting coronary heart disease in addition to elevated LDL cholesterol. Significant correlations ($p < 0.05$) were noted between obesity and hyperlipidemia ($r = 0.583$), obesity and insulin resistance ($r = 0.899$), and insulin resistance and hyperlipidemia ($r = 0.928$). **CONCLUSION:** These associations are discussed in the context that the average patient did not meet Adult Treatment Panel III defined criteria for metabolic syndrome. We suggest that more stringent guidelines such as those suggested by the American College of Endocrinology may be necessary to identify and diagnose the pathophysiologic risk factors involved in the metabolic syndrome. One suggestion may be to include an oral glucose tolerance test to help in evaluation of insulin resistance. More stringent cut-offs for abnormal values of triglycerides and HDL cholesterol may also be required. We also suggest that research of the metabolic syndrome may be better accomplished by focusing on individual physiologic components rather than focusing on one single etiology to quantify, which is an approach that has been taken in previous research.

PCV19

SMOKING CESSATION: RELEVANCE IN THE UNDER 25 GROUP

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OBJECTIVES: As part of an outcomes program on smoking cessation, we thought it relevant to evaluate in smokers under 25 years of age the obstacles to cessation, the level of dependency, the knowledge of tobacco dependency and the propensity to pay for cessation treatment. **METHOD:** For this pilot phase, an anonymous questionnaire was distributed in the Etudiant supplement of a French regional weekly newspaper (Tarn Libre). **RESULTS:** Obstacle to cessation: lack of willpower (51%), enjoyment of smoking (32%), force of habit (46%) The level of dependency on tobacco was evaluated using the Fagerström test: 48% had low dependency, 48% moderate dependency and 2% high dependency. In general, our sample population had a good general knowledge and understanding of tobacco use (number of premature deaths per year, percentage of smokers in France, cost of tobacco for health insurance). Average daily tobacco expenses were €2.3 (roughly corresponding to an average consumption of 10 cigarettes/day), and the subjects declared themselves ready to pay around €83 to stop smoking (€157 in older adults). This figure is relatively low and is explained without doubt by an underestimation of the potential risks of tobacco dependency. **CONCLUSION:** Young people are a population whose dependency level is mainly low or moderate, a fact that enables (with appropriate but generalized mobilization (doctor, educator, pharmacist, family)) a smoking cessation attempt to succeed.

PCV20

DYSLIPIDEMIA PATTERNS AMONG HIGH RISK MEMBERS OF A MANAGED CARE ORGANIZATION

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OBJECTIVES: NCEP ATP III guidelines expanded indications for intensive cholesterol-lowering therapy by focusing on primary prevention in individuals with multiple risk factors. This study examined the impact of guidelines on pharmacologic treatment patterns in individuals at high risk for cardiovascular disease. A retrospective database study was conducted in a large multi-site managed care organization. Specific objectives were to: 1) determine prevalence of high-risk members; 2) assess existing LDL testing patterns; 3) assess patterns of medication treatment: 4) assess the impact of ATP III guidelines on lipid outcome; and 5) examine medication possession ratios—Days supply of statin / (End date of study—First prescription date) for goal achievers versus non-achievers. **METHODS:** Medical, laboratory and pharmacy records of members aged 18 years and over and continuously enrolled for 30 months were reviewed to identify individuals with a diagnosis of coronary artery disease (CAD) or risk equivalent (one or more of the following: peripheral artery disease, abdominal aortic aneurysm, symptomatic carotid artery disease, diabetes). **RESULTS:** Of 422,914 members who met age and enrollment criteria, 16,036 (3.8%) were high risk. 38.4% of high-risk members had LDL tests during the observation period. 38.1% of high-risk members received a prescription for a cholesterol-lowering drug. The percentage of high-risk members that reached NCEP ATP Goal <100 mg/dl LDL was 34.7%. Members with antilipidemic prescriptions were significantly more likely to reach ATP III goal (42.2% vs. 26.6%) (measured by Test of Proportion $Z = 12.78$). A Wilcoxon Rank Sum test indicated that Risk and Risk EQ Ss who reached goal were significantly more likely to have a high Possession Ratio than those who did not reach goal. **CONCLUSIONS:** Managed care provides numerous opportunities to improve cardiovascular health through identification of high risk members, educating physicians on NCEP ATP III guidelines; more aggressive testing and treatment, patient compliance counseling and monitoring of goal performance.